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PATENT
910.132

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Robert B. Seebeger: Batch No.: None

Serial No. 09/928,058 : Group Art Unit: 3721

Filed: August 8, 2001 : Examiner: Christopher R. Harmon

For: Nitrogen Chute End

AMENDMENT AND RESPONSE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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DEC 22 2003
TECHNOLOGY CENTER R3700

Sir:

In response to the Office Action, dated as mailed on November 28, 2003, and having a period of response extending through and including December 28, 2003, please make the below-identified amendments and consider the following remarks:

RESTRICTION AND ELECTION

Applicants hereby elect to proceed with Invention I, claims 1-25, without prejudice to further prosecution of the remaining claims.

In the event the examiner wishes to discuss any aspect of this response, please contact the attorney at the telephone number identified below.

Respectfully submitted,

By:



Michael A. Shimokaji
Attorney Registration No. 32, 303

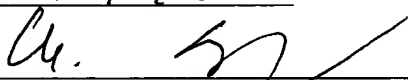
SHIMOKAJI | FRITZ LLP
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(949) 223-0838

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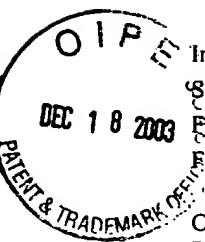
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P.O. Box 1450
Alexandria, VA 22313-1450

on

12/16/03



Michael A. Shimokaji, Reg. No. 32,303

Date: December 4, 2003

Inventor(s): Robert B. Seebeger et al.
 Serial No. 09/928,058
 Filed: August 8, 2001
 For: NITROGEN CHUTE END

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

000128

(Insert Customer Number)

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- ☐ Information Disclosure Statement; Supplemental Form PTO 1449 and 1 prior art reference
☒ Return Receipt Postcard
☐ No additional claim fee is required.

The fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY	OR	OTHER THAN A SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	
Total	*25	minus	**65	= 0	x \$9	= \$	OR x18 = \$0
Independent	*3	minus	***8	= 0	x \$42	= \$	OR x86 = \$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+140	= \$	OR +280 = \$0
TOTAL						\$	OR TOTAL \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-0851 the amount of \$_____. A copy of this transmittal letter is enclosed.
☐ A check in the amount of \$_____ to cover the extension fee is enclosed.
☐ A check in the amount of \$_____ to cover the additional claims.
☒ The Commissioner is hereby authorized to charge payment of the following fees with this communication or credit any overpayment to Deposit Account No. 50-0851. A duplicate copy of this transmittal letter is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Michael A. Shimokaji, Reg. No. 32,303

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on 12/11/03
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